BEST AVAILABLE COPY MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER **AS FILED** I AMENDMENT AFTER 1 AMENDMENT AS FILED AFTER I"AMERDMENT IND. DEP. 2 MANENDMENT IND. DEP. IND. DEP. 2 3 4 6 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

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